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Tanta University
Faculty of Medicine
Department of Tropical Medicine& Infectious Diseases
Diploma and Master Exam. April. 2012 **paper I**

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Hepatology & GIT

Time allowed: 3 hours

Give short account on:

- 1. Management of portal hypertension (10 marks)**
- 2. Diagnostic approach for chronic diarrhea (10 marks)**
- 3. Barrett 's oesophagus (10 marks)**
- 4. Management of hepatorenal syndrome (10 marks)**
- 5. Management of autoimmune hepatitis (10 marks)**

Good Luck



Hepatology & GIT

All questions must be answered

1. Describe the management of Spontaneous Bacterial Peritonitis .
(7 marks)
2. Discuss the diagnosis and treatment of cystic lesions in the liver imaging.
(7 marks)
3. Mention the treatment of Crohn's disease.
(7 marks)
4. Enumerate the manifestations of hepatic cell failure.
(7 marks)
5. Describe the management of acute variceal bleeding.
(7 marks)
6. Mention the role of ribavirin in the management of chronic hepatitis C.
(7 marks)
7. A 43-year-old woman comes to your office complaining of pruritus, mainly of the soles and palms, and fatigue. She has minimal jaundice and steatorrhea. Laboratory tests show a slightly elevated bilirubin, an elevated alkaline phosphatase and a positive IgG antimitochondrial antibody test .
 - a) What is your likely diagnosis?
(4 marks)
 - b) Describe the advised treatment to this patient?
(4 marks)

Good Luck

Tanta University
Faculty of Medicine
Department of Tropical Medicine& Infectious
Diseases
M.D Exam. April, 2012 **paper I**

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Hepatology& GIT

Time allowed: 3 hours

Give short account on:

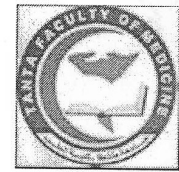
- 1. Natural history of HBV infection (5 marks)**
- 2. Iron overload in human diseases (5 marks)**
- 3. Hepatic Osteodystrophy (5 marks)**
- 4. New trends in treatment of ulcerative colitis (5 marks)**
- 5. Causes of resistance to interferon therapy in HCV infection (5 marks)**

Good Luck



Tanta University
Faculty of Medicine
Department of Tropical Medicine & Infectious diseases
Oct. 13, 2012

MD Examination
Number of Questions: 8
Time Allowed: 3 Hours
Total: 25 Marks



Hepatology & GIT

All questions must be answered

1. Discribe: Ulcerative Colitis , Management . (3 marks)
2. Mention: Liver – Kidney inter-relationships . (3 marks)
3. Discribe the pathogenesis and treatment of Celiac disease . (3 marks)
4. Discuss: Haemochromatosis is an endocrine disease. (3 marks)
5. Discuss; Extraesophageal manifestations of gastroesophageal reflux disease. (3 marks)
6. Mention the pathogenesis and treatment of Sepsis in hepatic cirrhosis . (3 marks)
7. Write short essay on the postoperative jaundice. (3 marks)
8. A 30-year-old man comes to your office with complaints of mild abdominal cramps, fatigue, and malaise. He does not have fever. On physical examination, he has mild jaundice, liver is not palpable. Laboratory tests show the following: negative HBsAg, negative IgM anti-HAV, negative IgM anti-HBc, negative anti-HCV, mild elevated serum bilirubin, normal ALT & AST , elevated serum alkaline phosphatase , normal serum gamma-glutamyl transpeptidase and normal serum LDH .
 - a) What is your likely diagnosis? (2 marks)
 - b) How can you confirm your diagnosis? (2 marks)

Good Luck

Tanta University

Faculty of Medicine

Department of Tropical Medicine & Infectious diseases

October 5, 2013

Master & Diploma Examination

Number of Questions: 3

Time Allowed: 3 Hours

Total: 50 Marks



Hepatology & GIT

All questions must be answered

I. Case scenario: (10 marks)

A 33-year-old man who has undergone renal transplantation is on maintenance immunosuppression with cyclosporine, azathioprine, and prednisone. He frequently travels to Africa and is interested in receiving hepatitis A vaccination. His physical examination is otherwise normal. Results of laboratory studies are as follows: alanine aminotransferase (ALT), 15 U/L; bilirubin, 1.0 mg/dL; albumin, 3.5 g/dL; international normalized ratio (INR), 0.9; hepatitis B surface antigen (HBsAg), negative; antibody to hepatitis B core antigen (anti-HBc), negative; and antibody to hepatitis C virus (anti-HCV), positive.

Which of the following is true regarding the use of hepatitis A vaccine in this patient? Why?

1. He should be vaccinated because it is safe and he may mount a protective antibody response.
2. He should not be vaccinated because he has chronic hepatitis C and vaccination could precipitate liver failure.
3. He should not be vaccinated because the vaccine is ineffective in immuno-suppressed patients.
4. He does not need to be vaccinated because he is not likely to be exposed to hepatitis A.

II. MCQs: (15 marks)

1. In chronic HCV infection, higher viral load levels are associated with:
 - a. Higher indication for antiviral therapy
 - b. Higher grade & stage of liver disease
 - c. Higher progression of the liver disease
 - d. None of the above
2. HCC is not associated with:
 - a. Liver cirrhosis
 - b. α_1 antitrypsin deficiency
 - c. HAV infection
 - d. Haemochromatosis
 - e. Androgen and estrogen ingestion
3. In cases with constipation alternating with diarrhea, what do you do first?
 - a. Refer for surgical inspection.
 - b. Digital rectal exam.
 - c. Colonoscopy.
 - d. Barium enema.

4. What is MELD score?
- Choose the method of interventional treatment of HCC.
 - Define priority for liver transplantation.
 - For preoperative evaluation.
 - Prognostic score.
5. Small HCC with portal vein thrombosis, jaundice, and ascites can be treated with:
- Radio Frequency ablation.
 - Best supportive care.
 - TACE.
 - Microwave ablation.
6. Chronic pancreatitis may be reliably diagnosed in a patient presenting with:
- Calcification in the pancreas detected on a flat plate x-ray of the abdomen
 - Abdominal pain
 - Diarrhea
 - Nausea and vomiting
 - Jaundice
7. Which clinical or laboratory finding is most consistently seen in malabsorption syndromes:
- Hypercalcemia
 - Iron overload
 - Elevated zinc levels in serum
 - Normal small bowel biopsy
 - Steatorrhea
8. Which of the following is seen most commonly in association with primary biliary cirrhosis (PBC):
- Positive antinuclear antibody (ANA)
 - Increased ceruloplasmin
 - Increased ferritin
 - Positive hepatitis B surface antigen
 - Positive antimitochondrial antibody
9. A 58-year-old white man presents to your office with a history of losing 15 Kg in the last 3 months. In the past month, he has had substernal chest pain and dysphagia for solid foods. For 35 years, he has had heartburn at least 3 times per week. He used to take bicarbonate for relief of his heartburn. What is the most likely diagnosis in this patient?
- Erosive esophagitis
 - Esophageal ulcer
 - Pill esophagitis
 - Esophageal adenocarcinoma
 - Benign esophageal stricture
10. The treatment of choice of spontaneous bacterial empyema in cirrhotic patient is:
- Chest tube and third generation cephalosporins.
 - Ampicillin plus aminoglycosides.
 - Third generation cephalosporins.
 - No empirical antibiotic treatment until pleural fluid culture positivity.
 - Chest tube and ampicillin plus aminoglycosides.

11. Which of the following clinical symptoms compose the clinical triad in patients with Budd-Chiari Syndrome?
- Abdominal pain, jaundice, hepatomegaly.
 - Abdominal pain, ascites, hepatomegaly.
 - Abdominal pain, anorexia, Ascites.
 - Ascites, jaundice, hepatomegaly.
 - All of the above.
12. In chronic HCV infection, AST & ALT levels are important determinants of:
- Indication for antiviral therapy
 - Underlying pathology
 - Response to antiviral viral therapy
 - None of the above
13. The following precipitates hepatic encephalopathy except :
- Laparoscopic cholecystectomy
 - Urinary tract infection
 - Acetaminophen 2gm per day for back pain
 - Variceal bleeding
14. Which of the following is considered the most accepted mechanism of action of lactulose in patients with hepatic encephalopathy?
- Elimination of bacteria
 - Acidification of the colon
 - Promotion of lactobacillus
 - Inhibition of bacterial amino acid metabolism
15. The commonest isolated organism in cases of SBP is:
- Staphylococcus aureus
 - Streptococcus milleri
 - E. coli
 - Bacteroides fragilis
 - Salmonella typhi

III. Answer the following questions: (25 marks)

- Discuss in short: Causes of esophageal dysphagia. (5 marks)
- Write short notes about: Management of refractory ascites. (5 marks)
- Mention: Causes, clinical picture, diagnosis & treatment of acute pancreatitis. (5 marks)
- Write short essay about: HEELP syndrome. (5 marks)
- Enumerate: Causes of high and causes of low serum alkaline phosphatase. (5 marks)



Number of questions: Three
Time Allowed: Three hours
Total Assessment Marks: 50 Marks

Hepatology and gastroenterology

Case scenario

(10 marks)

34 years female patient had obtained ERCP to dislodge common bile duct stone. By next morning she developed severe epigastric pain referred to the back.

1. What is The most likely diagnosis? (5 marks)
2. What are the investigations you recommend ? (5 marks)

MCQS

(15 marks)

1- A patient with lower abdominal pain, no weight loss and normal colonoscopy.

The most likely diagnosis is:

- a) Colonic carcinoma.
- b) Crohn's colitis.
- c) Ulcerative colitis
- d) Irritable bowel syndrome

2- A 60 year old man presents with fever watery diarrhea and crampy abdominal pain since one week. He has just completed treatment for osteomyelitis. Proctosigmoidoscopy reveals erythematous ulcerations and yellowish white plaques. The most likely diagnosis is

- a) Crohn's disease
- b) Pseudomembranous colitis
- c) Viral gastroenteritis
- d) Clostridium perfringens enterocolitis

3- The most common benign lesion in the liver is?

- a) Hepatic adenoma
- b) Hemangioma
- c) hepatoplastoma

4-The following statements about lactulose are true except:

- a) It is a disaccharidase.
- b) Digested in intestine.
- c) used to treat hepatic encephalopathy.
- d) overdose worsens encephalopathy.

5- The following cause dysentery except:

- a) Cancer rectum.
- b) Steatorrhea.
- c) Amoeba.
- d) Ulcerative colitis

6- HELLP syndrome consists of all the following except:

- a) Elevated liver enzymes.
- b) Severe itching
- c) hemolysis
- d) Low platelets
- e) Occurs in third trimester

7- Blood ammonia level are useful for the diagnosis of HE.

- a) False
- b) True

8- In obstructive jaundice, LFTs usually shows

- a) Elevated indirect bilirubin and alkaline phosphatase
- b) Elevated indirect bilirubin and GGT
- c) Elevated direct bilirubin and alkaline phosphatase
- d) Elevated direct bilirubin and ALT
- e) Elevated direct bilirubin and AST.

9- Which of the following complications of portal hypertension often require surgical intervention (for more than 25% of patients)?

- a) Hypersplenism.
- b) Variceal hemorrhage.
- c) Ascites.
- d) Encephalopathy.

10- All of the following have been associated with H. pylori infection except:

- a) Squamous cell carcinoma of the esophagus
- b) Adenocarcinoma of the stomach
- c) Duodenal ulcer
- d) Active gastritis

11- Causes of splenomegaly include the followings except:

- a) Infectious mononucleosis
- b) Schistosomiasis
- c) Sickle cell anemia
- d) Chronic myeloid leukemia

12- Acute pancreatitis is caused by variety of disorders. Which of the following pairs of disorders account for 80 to 90% of cases

- a) Diabetes and viral illness
- b) Trauma and hyperlipidemia
- c) Trauma and gallstones
- d) Hyperlipidemia and alcohol
- e) Alcohol and gallstones

13- Hepatic encephalopathy is not precipitated by :

- a) GIT hemorrhage
- b) HCC
- c) Infection
- d) Zinc intake

14- Rifaximin is used in treatment of the following except:

- a) Hepatic encephalopathy
- b) Traveler diarrhea
- c) IBD
- d) IBS

15- The risk factors of HCC include the following except :

- a) Cirrhosis
- b) Smoking
- c) NASH
- d) Bilharziasis of liver due to S. Mansoni

Short questions

(25 marks)

1- Enumerate causes of portal hypertension.

(10 marks)

2- Diagnosis and treatment of hepatitis E

(8 marks)

3- Give an account on causes of dysentery

(7 marks)

(Good luck)



Date: October, 2018
Number of questions: Three
Time Allowed: Three Hours
Total Assessment Marks: 180 Marks

Tanta University
Faculty of Medicine
Department of Tropical
Medicine & Infectious
Diseases

Hepatology & GIT

All questions must be answered

I. Case scenario:

(30 marks)

A 43-year-old woman presents with mild pruritus. Physical examination reveals hyperpigmentation of the skin, xanthelasma, and hepatosplenomegaly. Results of laboratory studies are as follows: INR, 1.1; albumin, 3.6 g/dL; bilirubin, 1.3 mg/dL; alkaline phosphatase, 2123 U/L; aspartate aminotransferase (AST), 78 U/L; alanine aminotransferase (ALT), 98 U/L; and antimitochondrial antibody (AMA), positive (1/2560). Ultrasonography reveals hepatosplenomegaly and gallstones, but no biliary dilatation. Liver biopsy demonstrates lymphocytic portal infiltrates, reduced number of bile ducts, and cirrhosis.

1. What is your diagnosis? (15 marks)
2. What is the treatment of choice? (15 marks)

II. MCQs:

(50 marks)

1. Which one of the following enzymes is found primarily in the liver:
 - a) AST
 - b) ALT
 - c) Alkaline phosphatase
 - d) 5'-Nucleotidase
 - e) γ -Glutamyl transpeptidase
2. All of the following contribute to peptic ulcer disease except
 - a. Cigarette smoking
 - b. NSAIDs
 - c. H.pylori
 - d. Spicy foods
3. Adenocarcinoma of esophagus is strongly associated with
 - a. Barrett esophagus
 - b. Smoking
 - c. Achalasia
 - d. All of the above

4. **Primary prevention of variceal bleeding is not achieved by**
 - a. Non specific beta blockers
 - b. Mononitrates
 - c. Band ligation
 - d. Sclerotherapy
5. **Advanced HCC according to BCLC is treated with**
 - a. Liver transplantation
 - b. TACE
 - c. Sorafenib
 - d. None of the above
6. **The hepatorenal syndrome in cirrhosis is characterized by**
 - a. Acute renal tubular necrosis
 - b. Proteinuria and an abnormal urinary sediment
 - c. Urinary sodium concentration less than 10 mmol/L
 - d. An elevated central venous pressure in most patients
7. **Which of the following features is more commonly associated with ulcerative colitis than with Crohn's disease**
 - a. Fistulas
 - b. Rectal bleeding
 - c. Segmental involvement
 - d. An abdominal mass
 - e. Mesenteric lymph node involvement
8. **The extent of liver damage done by chronic hepatitis B or C infection can best be evaluated by**
 - a. Symptoms
 - b. Elevation of serum transaminases
 - c. Duration of infection
 - d. Liver biopsy
 - e. Presence or absence of ascites
9. **Symptoms due to Clostridium difficile infection can be accurately diagnosed by**
 - a. Presence of diarrhea
 - b. Stool positive for WBCs
 - c. History of recent antibiotic usage
 - d. Pseudomembranes noted on a sigmoidoscopy
 - e. KUB ...flat-plate x-ray of the abdomen

10. Which term characterizes the frequency of chronic disease following hepatitis A infection
- Rare
 - Infrequent
 - Common
 - Typical
 - Nonexistent
11. Jaundice without bilirubin in the urine is seen in:
- Carcinomatosis
 - Haemolytic anaemia
 - Obstruction of common bile duct
 - Infective hepatitis
 - Chlorpromazine hepatitis
12. Screening of HCC in EGYPT includes:
- CT scan every 6 months.
 - Ultrasonography every 3 months.
 - Ultrasonography and AFP every 4 months.
 - PIVKA II every 6 months.
13. All the following are causes of diarrhea except
- Diabetes
 - Hypercalcemia
 - Hyperthyroidism
 - Irritable bowel syndrome
14. The most common cause of acute liver failure world-wide is which of the following?
- Acetaminophen
 - Autoimmune hepatitis
 - Budd-chiari syndrome
 - HAV infection
 - HBV infection
15. In gastro-oesophageal reflux the following are wrong except :
- Typically results in bile-stained vomiting
 - Usually requires drug treatment
 - May result in an oesophageal stricture
 - Is best diagnosed by a barium swallow
16. Fecal Ag of *H. pylori* is positive in:
- Recent infection with *H. pylori*
 - During treatment with PPIs
 - Both a and b
 - Neither a nor b

17. Which one of the followings is least likely to be helpful to determine cause of jaundice:
- a) U S
 - b) Hepatitis serology
 - c) Abdominal x-ray
 - d) CBC
18. Which one of the followings is unlikely in diagnosis of bleeding per rectum:-
- a) Colonscopy
 - b) CT of the abdomen
 - c) US of the abdomen
 - d) PR exam
19. A 30 year old woman as a new diagnosis of auto immune hepatitis confirmed by liver biopsy. The first choice for single drug therapy for this patient would be which of the following?
- a) Prednisone
 - b) Azathioprine
 - c) Cyclosporine
 - d) Tacrolimus
 - e) UDCA
20. Which of the following drugs reduce portal pressure in patients with portal hypertension:
- a) Aspirin
 - b) Beta-blockers
 - c) Sylmarine
 - d) Chenodeoxycholic acid
21. Hepatocellular damage is indicated by raised:
- a) AST
 - b) Alkaline phosphatase
 - c) ALT
 - d) CPK
22. All of the following may be associated with ulcerative colitis except:
- a) Cirrhosis
 - b) Iritis
 - c) Psoriasis
 - d) Arthritis
 - e) Sclerosing cholangitis

23. Immunological evidence of immunity to hepatitis B is the presence of :

- a) Hepatitis B core antibodies
- b) Hepatitis B core antigen
- c) Hepatitis B surface antibodies
- d) Hepatitis B surface antigen
- e) Any of the above

24. Which of the following is not a feature of primary biliary cirrhosis:

- a) Sclerosis of extrahepatic bile ducts
- b) Granulomatous destruction of small to medium size bile ducts
- c) Serum anti-mitochondrial antibodies is positive
- d) Increased incidence in women
- e) Increased incidence after the 5th decade of life

25. HBV has a higher replication rate than HCV

- a) Yes
- b) No

III. Answer the following questions:

(100 marks)

1. **Discuss:** Diagnosis and treatment of SBP (20 marks)
2. **Write short notes on:** Diagnosis and treatment of acute pancreatitis (20 marks)
3. **Enumerate:** Manifestations of liver cell failure (20 marks)
4. **Write short essay about:** Management of Barrett's esophagus (20 marks)
5. **Discuss:** Treatment of Ulcerative Colitis (20 marks)

Good luck

Master Degree examination in: Tropical Medicine & Infectious

Date: October, 2018
Number of questions: Three
Time Allowed: three Hours
Total Assessment Marks: 270 Marks



Tanta University
Faculty of Medicine
Department of
Tropical Medicine &
Infectious Diseases

Hepatology & GIT

All questions must be answered

1. Case scenario:

(60 marks)

A 28 year old man c/o of a 5 day history of nausea, vomiting, diffuse abdominal pain fever to 38.7°C, and muscle ache. He has lost appetite and has no diarrhea, he takes no medications, but he has been taking acetaminophen 30 tablets per day for 2 days for fever and body ache. On ex: temp is 38.7°C. He appears jaundiced with mildly enlarged tender smooth liver and no abdominal distention or peripheral edema. His heart rate is 98 bpm and blood pressure 120/74 mmHg.

Chest is clear and his heart is regular.

Investigations revealed: ALT 3440 IU/L, AST 2705 IU/L, total bilirubin 24 mg/dl with direct bilirubin 18.2 mg/dl, prothrombin time 14 seconds. Normal CBC. Creatinine of 1.1 mg/dl, serum albumin 3 gm/dl.

1-What is the most likely diagnosis?

30 marks

2-What is the most important immediate diagnostic test?

30 marks

II.MCQs:

(60 marks, 2 for each question)

1- Iron overloading with hereditary hemochromatosis is most often seen when diagnostics testing shows

- Increased transferrin saturation >45%, ferritin >1000 ng/mL, and Hepatic iron index >1.9
- Increased transferrin saturation <45%, ferritin >1000 ng/mL, and Hepatic iron index <1.9
- Increased transferrin saturation >45%, ferritin >1000 ng/mL, and Hepatic iron index <1.9
- Increased transferrin saturation >45%, ferritin <1000 ng/mL, and Hepatic iron index <1.9
- Increased transferrin saturation >45%, ferritin <1000 ng/mL, and Hepatic iron index >1.9

2-In Barrett's esophagus, the diagnosis is confirmed by:

- Goblet cells
- Transitional epithelium
- Hiatus hernia
- Stricture

3-55 year old man with rectal bleeding and freckles on the lips. he has positive family history of bowel surgery. The most likely diagnosis is:

- Crohn's disease
- Peutz Jegher syndrome
- Hereditary haemorrhagic telangiectasia
- Familial adenomatous polyposis

4-primary prophylaxis of esophageal variceal bleeding include:

- Sclerotherapy
- Splenectomy
- Carvedilol
- Balloon tamponade

5-Obstructive jaundice without evidence of CBD obstruction or intrahepatic biliary dilatation is treated by the following EXCEPT:

- a. Ursodeoxycholic acid
- b. Treatment of the cause
- c. ERCP
- d. Liver transplantation

6-Malabsorption syndrome with normal D-Xylose test:

- a) Celiac disease
- b) Chronic pancreatitis
- c) Blind loop syndrome
- d) Chronic renal failure

7- Which of the following concerning intrinsic hepatotoxicity mechanism is true?

- a) Unpredictable
- b) Dose related
- c) Idiosyncratic
- d) Rare 0.01-1.0 %

8-The best treatment of chronic HCV who has GFR =20 needs treatment with:

- a. Interferon + ribavirin
- b. ombitasvir, paritaprevir and ritonavir + ribavirin
- c. Daclatasvir + sofosbuvir
- d. Sofosbuvir + ribavirin

9-Successful Helicobacter Pylori eradication is determined by all of the following EXCEPT:

- a) Helicobacter Pylori antibodies.
- b) Endoscopy and biopsy for histology
- c) Endoscopy and biopsy urease test
- d) C13 urea breath test

10-Which of the following is indicator of active multiplication of Hepatitis-B virus is?

- a. Hbs Ag
- b. Hbc Ag.
- c. Hbe Ag.
- d. None of the above.

11-Which antigen does not appear in blood in Hepatitis-B ?

- a. Hbe Ag.
- b. Hbg Ag.
- c. Hbc Ag.
- d. None of the above

12-Which of the following is associated with increased risk of cholangiocarcinoma?

- a. Chronic HBV
- b. Chronic HCV
- c. Primary sclerosing cholangitis

- d. HCC

13-Features of ulcerative colitis include

- a. Transmural inflammation
- b. Skip lesions
- c. Marked pseudo polyps
- d. Mouth to anus distribution

14- Which is WRONG as regard nutritional management in pancreatic diseases?

- a. Foods high in saturated or trans fats can trigger pancreatitis. Following a low-fat diet after recovering from an attack can prevent future attacks.
- b. Foods made with refined grains can cause pancreatitis to flare up.
- c. Foods that contain added sugar are safe.

15-Which of the following is WRONG regarding Porcelain gallbladder?

- a. It is more common in middle age females
- b. It is related to gall bladder stones
- c. cholecystectomy is the recommended treatment
- d. It occurs as a part of calcinosis

16-What is the commonest isolated organism in cases of SBP?

- a. Staphylococcus aureus
- b. Streptococcus milleri
- c. E. coli
- d. Bacteroides fragilis
- e. Salmonella typhi

17-The treatment of choice of spontaneous bacterial empyema in cirrhotic patient is:

- a. Chest tube and third generation cephalosporins.
- b. Ampicillin plus aminoglycosides.
- c. Third generation cephalosporins.
- d. No empirical antibiotic treatment until pleural fluid culture positivity.
- e. Chest tube and ampicillin plus aminoglycosides.

18-Which of the following clinical symptoms compose the clinical triad in patients with Budd-Chiari Syndrome?

- a. Abdominal pain, jaundice, hepatomegaly.
- b. Abdominal pain, ascites, hepatomegaly.
- c. Abdominal pain, anorexia, Ascites.
- d. Ascites, jaundice, hepatomegaly.

19-What is the clinical importance of MELD score?

- a. Choose the method of interventional treatment of HCC.
- b. Define priority for liver transplantation.
- c. Used for preoperative evaluation.
- d. Prognostic score for hepatitis.

20-Which clinical or laboratory finding is most consistently seen in malabsorption syndromes?

- a. Hypercalcemia
- b. Iron overload
- c. Elevated zinc levels in serum
- d. Steatorrhea

21- Eosinophilic esophagitis is commonly associated with

- a. gastroesophageal reflux disease
- b. Atopy
- c. Ulcerative colitis
- d. Cancer esophagus

22-What is the Gold Standard test for wilson disease?

- a. Serum Ceruloplasmin level
- b. 24 hr urinary copper excretion measurement
- c. Serum copper level
- d. Liver Biopsy

23-Familial adenomatous polyposis (FAP) is a condition in which there are hundreds to thousands of colorectal adenomas usually appearing by an early age. Which of the following is the inheritance pattern of FAP?

- a) Autosomal Dominant
- b) Autosomal recessive
- c) Mitochondrial
- d) Somatic mutation

24-Which of the following is NOT an indication of emergent endoscopy?

- a. Patients with esophageal obstruction (ie, unable to manage secretions)
- b. Objects in the stomach with diameter 2.5 cm
- c. Disk (lead) batteries in the esophagus
- d. Sharp-pointed objects in the esophagus

25-The following parameters' variations are expected to happen in pregnancy except:

- a. elevated ggt
- b. low uric acid
- c. elevated ceruloplasmin
- d. low albumin
- e. elevated transferrin

26-Contraceptive pills can cause all the followings except:

- a) Focal nodular hyperplasia
- b) Hepatic adenoma
- c) Cholestasis
- d) Angiosarcoma

27-Which of the following statements about pancreatic ascites is/are correct?

- a. Patients typically present with painful ascites.
- b. Pancreatic ascites can follow an episode of acute pancreatitis.
- c. Patients with pancreatic ascites may fail to improve with nonoperative therapy and require surgical procedures.
- d. associated with SAAG>1.1 and low ascetic fluid protein<2.5
- e- b and c

28 - Which is not true regarding physiology of portal hypertension?

- a) Both the portal blood flow as well as portal resistance increases
- b) There is extensive hyperdynamic circulation
- c) Blood flow towards the portal vein increases because the systemic venous pressure increases.
- d) Splanchnic vasodilatation is caused by relaxation of splanchnic arterioles and splanchnic hyperemia.

29- Which of the following forms of ulcerative colitis has the highest risk of cancer?

- a. proctitis
- b. left sided colitis
- c. pancolitis
- d. colitis of the rectum and sigmoid

30-A 46-year-old woman was prescribed clarithromycin for a Community acquired pneumonia.

Which of the following is not a cytochrome P450 enzyme inhibitor?

- a. Carbamazepine
- b. Clarithromycin
- c. Fluconazole
- d. Omeprazole
- e. Ritonavir

III. Answer the following questions:

(150 marks)

- 1. Describe in short the management of refractory ascites (30 marks)
- 2. Describe the differential diagnosis of hepatic cystic lesion (30 marks)
- 3. Discuss causes of Jaundice in pregnancy (30 marks)
- 4. Enumerate the most common causes of hepatic fibrosis (30 marks)
- 5. Describe the diagnosis of Wilson disease (30 marks)

MD examination in: Tropical Medicine & Infectious Diseases



Date: October, 2018

Number of questions: Three

Time Allowed: three Hours

Total Assessment Marks: 260 Marks

Tanta University

Faculty of Medicine

Department of Tropical Medicine
& Infectious Diseases

Hepatology and gastroenterology

Case scenario:

50 mark

A 35-year-old woman was 30 weeks pregnant. She was referred by the Emergency Department With malaise, nausea, vomiting, headache, pruritus, and abnormal blood results. On examination she had a gravid uterus, no stigmata of chronic liver disease, and no dependent edema. Her blood pressure was 162/66 mmHg, her pulse was 87 beats/minute, her oxygen saturation was 98% on room air, and her temperature was 36.3°C.

Investigations

Hemoglobin 11.7 g/dL (11.5–16.5)

White cell count 16.3×10^3 / dL (4.0–11.0)

Platelets 150×10^3 / dL (150–400)

Prothrombin time 21 seconds (15–19)

Activated partial thromboplastin time 45 seconds (30–40)

Serum lactate dehydrogenase 236 U/L (10–250)

Serum bilirubin 7.6 mg/ dL (0.1–1.2)

Serum alkaline phosphatase 115 U/ dL (45–105)

Serum alanine aminotransferase 300 U / dL (5–35)

Serum bile acid 6 mg/ dL (< 10)

Urine dipstick protein: positive

Glucose: negative

1-What is the most likely diagnosis?

25 marks

2-what is the best treatment?

25 marks

MCQS

60mark

1- With regard to immunological changes in Crohn' s disease , which of the following statement is correct?

A-Adaptive immunity is responsible for cytokine production. A-

B-Environmental factors affect both innate and adaptive immunity.

C-IL-6 and IL-10 are anti-inflammatory cytokine.

D-Type 1 helper T cells produce IL-2, IL-6 and tumor necrosis factor

2-46- year old man is being investigated for indigestion. Jejunal biopsy shows deposition of macrophages containing PAS – positive granules. What is the most likely diagnosis?

A-Bacterial overgrowth

B-Coeliac disease

C-Tropical sprue

D-Whipple disease

3-Which one of the following is most associated with the development of acute pancreatitis?

- A- Hyperchylomicroneamia
- B- Amyloidosis
- C- Hypogammaglobulinaemia
- D- Hypercholesterolaemia

4- Which of the following forms of mesenteric vascular occlusion is more common?

- A- Non occlusive mesenteric ischemia (NOMI)
- B- Acute mesenteric arterial embolism (AMAE)
- C- Acute mesenteric arterial thrombosis (AMAT)
- D- Mesenteric venous thrombosis (MVT)

5-Which doesn't coincide with activity of IBD?

- A- Ankylosing spondylitis.
- B- Arthritis
- C- Erythema nodosum
- D- Pyoderma gangrenosa

6--which of the following is not a protective mechanism against development of small intestine tumors?

- A- Rapid transit time.
- B- IgA
- C- Acidic pH
- D- Hydrolase

7-Which of the following statements about the resuscitation of patients with variceal hemorrhage is most accurate?

- A- Blood loss can be estimated to be 750–1500 mL
- B- Fresh frozen plasma (FFP) contains only clotting factors II, VII, IX, and X
- C- Resuscitation is needed with packed red cell transfusions to a haemoglobin concentration of more than 100 g/L
- D- Terlipressin and broad-spectrum antibiotics should be given pre-endoscopy

8-A 61-year-old woman was diagnosed with hepatorenal syndrome. Which of the following findings best describes the earliest manifestation of hepatorenal syndrome (HRS)?

- A. Activation of the renin–angiotensin–aldosterone system
- B. Increased creatinine levels
- C. Peripheral vasodilation
- D. Renal vasoconstriction

9-Primary sclerosing cholangitis is most associated with?

- A- Primary biliary cirrhosis
- B- Crohn's disease
- C- Hepatitis C infection
- D- Ulcerative colitis

10-Which one of the following investigations is considered the gold standard for the diagnosis of gastro-oesophageal reflux disease?

- A-Endoscopy
- B-24hr oesophageal pH monitoring
- C-Oesophageal manometry
- D-Barium swallow

11-A 40 years old man is investigated for abnormal liver function tests, he is decided to perform a liver biopsy. Which one of the following is contraindication to liver biopsy?

- A-ALT of 2212 iu/l
- B-Asprin therapy
- C-Platelet count of 100, 000/cc
- D-Extra hepatic biliary obstruction

12-Which one of the following is least likely to cause malabsorption?

- A-Systemic sclerosis
- B-Primary biliary cirrhosis
- C-Whipple disease -
- D-Haemochromatosis

13-Which one of the following disorder is most strongly associated with primary biliary cirrhosis?

- A-Systemic sclerosis
- B-Sjogren syndrome
- C-Rheumatoid arthritis
- D-Systemic lupus erythematosus

14- A 29-year female is noted to have an elevated Bilirubin during a viral illness .Gilbert syndrome is suspected .Which one of the following tests may confirm the diagnosis?

- A-Bromsulphthallein excretion test
- B-Ammonium chloride acidification test
- C-Nicotinic acid test
- D-Faecal fat excretion

15- A 26 –year- old man with history of speech and behavioral problems presents with lethargy. On examination he is noted to have jaundiced sclera.what is the most likely diagnosis?

- A-Wiskott –aldrich syndrome
- B-Haemochromatosis
- C-Wilson disease
- D-Acute intermittent porphyria

16 -Which one of the following is least associated with the development of colorectal cancer in patient with ulcerative colitis?

- A-Unremitting disease
- B-Disease duration > 10 year
- C-Onset before 15 years old
- D-Disease confined to the rectum

17- A-54 -year- old female is admitted once week following a cholecystectomy with profuse diarrhea?

- A-Campylobacter
- B-E coli
- C-Clostridium difficile
- D-Salmonella

18-A fever of two weeks' duration associated with neutropenia is characteristically due to all of these except?

- A-disseminated tuberculosis
- B-brucellosis
- C- malaria
- D- amoebic liver abscess

19-Which of the following is not associated with non-alcoholic steatohepatitis?

- A-Hyperlipidaemia
- B-Sudden weight loss or starvation
- C-Jejunoileal bypass
- D-Type 1 diabetes mellitus

20-A-30 -year- old woman presents with abdominal pain that is associated alternating diarrhea and constipation. Which one of the following symptoms is LEAST consistent with a diagnosis of irritable bowel syndrome?

- A-Feeling of incomplete stool evacuation
- B-Waking at night due to the pain
- C -Faecal urgency
- D-Passage of mucous with stool

21- 5-year-old premenopausal woman is referred to the gastroenterology outpatient department with abnormal blood tests. She is asymptomatic; her mother had bowel cancer at the age of 62 years.

Investigations:

haemoglobin 10.5 g/dL (11.5–16.5)

Mean cell volume 78 fL (80–96)

Serum ferritin 6 µg/dL (15–300)

What would be the most appropriate next step in her management plan?

- A. Colonoscopy
- B. fecal occult blood
- C. Monitor
- D. esophago gastric duodenoscopy

22-which of the following statements about achalasia is correct?

- A-Barrett's esophagus is a common finding on endoscopy.
- B-chest pain and heartburn are the usual presenting symptoms
- C-manometry demonstrates failure of relaxation of the lower esophageal sphincter on swallowing and absent or weak simultaneous contractions in the esophageal body after swallowing.
- D-Peroral endoscopic myotomy (POEM) is the treatment of choice.

23-which statement is true regarding Helicobacter Pylori infection?

- A-asymptomatic subjects are rarely infected by H. pylori
- B-It is always present in patient with dyspepsia
- C-it is always present in patients with peptic ulcers
- D- When present, it is always associated with gastritis

24- Which one of the following statements regarding hepatocellular carcinoma is correct?

- A-Diabetes mellitus is a risk factor
- B-Screening has not been shown to be effective
- C-The incidence is significantly higher in women
- D-Alcohol excess is the most common underlying cause worldwide

25-In a patient with suspected GI amyloidosis, what is the most common site of the gut involvement?

- A-Esophagus
- B-Duodenum
- C-Jejunum
- D-Colon

26-A 25 year old female who has chronic HBV and is under long term follow up ,is 27 weeks pregnant, about to enter her third trimester. Her blood tests, LFTs: bilirubin 1.05 ALT 14U/L ALP 84U/LHBsAg PositiveHBeAg negativeHBV DNA 48U/ml

What is the most appropriate next step in her management plan?

- A-Advise elective caesarean section
- B-Interferon alpha in third trimester
- C-observe
- D-Tenofovir in third trimester

27-vitamin A (retinol), is not

- A-found in green leafy vegetables
- B-high dose supplementation in pregnancy is teratogenic
- C-supplementation reduces mortality from measles
- D- Supplementation reduces mortality from diarrheal disease

28-what is the treatment of tenofovir (TDF) induced nephrotoxicity in hepatitis B patient with previous history of lamivudine resistance?

- A- Stop treatment
- B-Switch to entecavir
- C-Tenofovir dose adjustment based on eGFR
- D-None of the above

29-A portal venous pressure of 30 mm. Hg and a hepatic venous wedge pressure of 5 mm. Hg may be associated with which of the following causes of portal hypertension?

- A. Portal vein thrombosis.
- B. Alcoholic cirrhosis.
- C. Schistosomiasis
- D- A and C
- E-B and C

30- A hepatic patient has DVT and otherwise normal examination. On investigations he has anemia, thrombocytopenia, prothrombin time was 16 seconds (INR=1.7) despite no bleeding manifestations and D-dimer was 1200 ng/ml (normal up to 500 ng/ml), which of the following is the most appropriate?

- A-Give him platelet concentrate
- B-Give him plasma
- C-Give him vitamin K
- D-Give him heparin

Short questions

150 marks

- 1-Write on the pathogenesis of different types of diarrhea?
- 2 - Mention liver affection in thyroid disease?
- 3 -HBV reactivation? **Discuss**
- 4- Give short account on immunotherapy of HCC?
- 5-Use of non-selective beta Blocker in cirrhotic patients?

(30 MARK)

(30 MARK)

(30 MARK)

(30 MARK)

(30 MARK)

GOOD LUCK

Tanta University

Faculty of Medicine

Department of Tropical Medicine & Infectious diseases

April. 5, 2014

Master & Diploma Examination

Number of Questions: 3

Time Allowed: 3 Hours

Total:50 Marks



Hepatology & GIT

All questions must be answered

I. Case scenario:

(10 marks)

A 43-year-old woman presents with mild pruritus. Physical examination reveals hyperpigmentation of the skin, xanthelasma, and hepatosplenomegaly. Results of laboratory studies are as follows: INR, 1.1; albumin, 3.6 g/dL; bilirubin, 1.3 mg/dL; alkaline phosphatase, 2123 U/L; aspartate aminotransferase (AST), 78 U/L; alanine aminotransferase (ALT), 98 U/L; and antimitochondrial antibody (AMA), positive (+ 1:2560). Ultrasonography reveals hepatosplenomegaly and gallstones, but no biliary dilation. Liver biopsy demonstrates lymphocytic portal infiltrates, reduced number of bile ducts, and cirrhosis.

1. What is your diagnosis?
2. What is the treatment of choice?

II. MCQs:

(15 marks)

1. Fecal Ag of *H. pylori* is positive in:
 - a) Recent infection with *H. pylori*
 - b) During treatment with PPIs
 - c) Both a and b
 - d) Neither a nor b
2. Which one of the followings is least likely to be helpful to determine cause of jaundice:
 - a) U S
 - b) Hepatitis serology
 - c) Abdominal x-ray
 - d) C B C
 - e) Urine dipstix
3. Which one of the followings is unlikely in diagnosis of bleeding per rectum:-
 - a) Colonoscopy
 - b) CT of the abdomen
 - c) US of the abdomen
 - d) PR exam
4. A 30 year old woman as a new diagnosis of auto immune hepatitis confirmed by liver biopsy. The first choice for single drug therapy for this patient would be which of the following?

- a) Prednisone
- b) Azathioprine
- c) Cyclosporine
- d) Tacrolimus
- e) UDCA

5. Which of the following is not considered an alarm symptom of GERD:

- a) Odynophagia
- b) Dysphagia
- c) Nocturnal Symptoms
- d) Weight loss
- e) GI bleeding

6. Which of the following drugs reduce portal pressure in patients with portal hypertension:

- a) Aspirin
- b) Beta-blockers
- c) Sylmarine
- d) Chenodeoxycholic acid

7. Hepatocellular damage is indicated by raised:

- a) AST
- b) Alkaline phosphatase
- c) ALT
- d) CPK

8. Jaundice without bilirubin in the urine is seen in:

- a) Hepatocellular carcinoma
- b) Acquired haemolytic anaemia
- c) Obstruction of common bile duct
- d) Infective hepatitis

9. All of the following may be associated with ulcerative colitis except:

- a) Cirrhosis
- b) Iritis
- c) Psoriasis
- d) Arthritis
- e) Sclerosing cholangitis

10. Immunological evidence of immunity to hepatitis B is the presence of :

- a) Hepatitis B core antibodies
- b) Hepatitis B core antigen
- c) Hepatitis B surface antibodies
- d) Hepatitis B surface antigen
- e) Any of the above

11. Which of the following is not a feature of primary biliary cirrhosis:

- a) Sclerosis of extrahepatic bile ducts
- b) Granulomatous destruction of small to medium size bile ducts

- c) Serum anti-mitochondrial antibodies is positive
- d) Increased incidence in women
- e) Increased incidence after the 5th decade of life

12. Which of the following features is more commonly associated with ulcerative colitis than with Crohn's disease:

- a) Fistulas
- b) Rectal bleeding
- c) Segmental involvement
- d) An abdominal mass
- e) Mesenteric lymph node involvement

13. HBV has a higher replication rate than HCV

- a) Yes
- b) No

14. All of the following have been associated with H. pylori infection except:

- a) Squamous cell carcinoma of the esophagus
- b) Adenocarcinoma of the stomach
- c) Duodenal ulcer
- d) Active gastritis

15. Causes of splenomegaly include the followings except:

- a) Infectious mononucleosis
- b) Schistosomiasis
- c) Sickle cell anemia
- d) Chronic myeloid leukemia

III. Answer the following questions:

(25 marks)

1. **Discuss:** Diagnosis and treatment of SBP (5 marks)
2. **Write short notes on:** Diagnosis and treatment of acute pancreatitis (5 marks)
3. **Enumerate:** Manifestations of liver cell failure (5 marks)
4. **Write short essay about:** Management of Barrett's esophagus (5 marks)
5. **Discuss:** Treatment of Ulcerative Colitis (5 marks)

University of Tanta

Master & Diploma Examination

Faculty of Medicine

Number of Questions: 3

Department of Tropical Medicine & Infectious diseases

Time Allowed: 3 Hours

October, 2014

Total: 50 Marks



Hepatology & GIT

All questions must be answered

I. Case scenario:

(10 marks)

A 52-year-old woman is hospitalized for medical management of severe alcoholic hepatitis. On the ninth hospital day she develops a temperature of 38.3°C and generalized abdominal discomfort. Abdominal examination reveals a fluid wave and significant and diffuse abdominal tenderness without guarding; hepatosplenomegaly is present but is unchanged from the admission examination. Rectal and pelvic examinations reveal no area of localized tenderness. Hematocrit is 27%, white blood cell count is 12,000/L, and liver function tests are unchanged from admission: total serum bilirubin is 1.2 g/L, serum AST 150 units/mL, serum alkaline phosphatase 180 U/L.

1. What is your diagnosis?
2. What is the treatment of choice?

II. MCQs: Choose only one of the answers to the following questions (15 marks)

1. Which of these complications is NOT related to long term PPI use?
 - a) Increased risk of fractures
 - b). Clostridium difficile infection
 - c) Eosinophilia
 - d). Pneumonia
2. The following are all submucosal tumours occurring in the GIT EXCEPT FOR::
 - a) Gastrointestinal submucosal tumour (GIST)
 - b) Gastric leiomyoma
 - c) Lipoma
 - d) Fibromatosis (desmoid tumor)
3. . Chronic reflux oesophagitis is LEAST likely to result in the development of:
 - a) Gastrointestinal bleeding
 - b) An oesophageal peptic stricture
 - c) A lower oesophageal ring
 - d) Barrett's oesophagus
 - e) Adenocarcinoma

4. Which of the following is NOT A RISK FACTOR for development of NAFLD (non alcoholic fatty liver):
- a) Female gender
 - b) Increasing age
 - c) Obesity
 - d) Type 2 Diabetes
 - e) Metabolic syndrome
5. Which of the following IS ONE OF THE RECOMMENDED OPTIONS for retreatment of an HCV genotype 4 PEG/RBV non responder patient:?
- a) PEG/RBV with Boceprevir for 12 weeks
 - b) Daily Sofosbuvir for 12 weeks
 - c) Daily weight based Ribavirin for 24 weeks
 - d) Daily Sofosbuvir plus daily weight based RBV and weekly PEG for 12 weeks.
6. Which of the following IS THE PREFERRED TEST for evaluation of Helicobacter pylori gastric infection response to treatment?
- a) Qualitative assay for H.Pylori antibodies
 - b) Urea breath test.
 - c) Upper GI endoscopy
 - d) Quantitative assay for H.Pylori antibodies
 - e) Culture of gastric biopsy
7. Which of the following tests IS helpful in diagnosis of hepato cellular carcinoma?
- a) Portal vein angiogram
 - b) Hepatitis C titers
 - c) Carcinoembryogenic agent (CEA)
 - d) 5 hydroxy-indoleacetic acid (5HIAA)
 - e) Alpha-fetoprotein (AFP)
8. Which of the following regarding haematochezia is FALSE? :
- a) It is the passage of fresh blood with stool through the anus
 - b) It is the expulsion of fresh blood without stools through the anus.
 - c) It is the passage of fresh blood through the anus, mixed with stools
 - d) It is commonly associated with lower gastrointestinal bleeding
 - e) It may occur from a brisk upper gastrointestinal bleed
9. In cases of haemochromatosis, what IS THE MOST APPROPRIATE initial investigation:
- a) Transferrin saturation.
 - b) Haematocrit value.
 - c) Liver biopsy
 - d) Serum iron.
 - e) Serum ferritin.

10. Which of the following antibiotics IS MOST LIKELY TO cause cholestasis?

- a) Co-amoxiclav.
- b) Gentamycin
- c) Ciprofloxacin
- d) Trimethoprim
- e) Ceftazidime

11 Which of the following is LEAST associated with H.pylori?

- a) Gastric carcinoma
- b) B cell lymphoma
- c) Gastro oesophageal reflux disease
- d) Atrophic gastritis
- e) Peptic ulcer disease

12. Each of the following is a risk factor for gastric cancer EXCEPT?

- a) Smoking
- b) Blood group O
- c) Nitrates in diet
- d) Chronic atrophic gastritis
- e) H.pylori infection

13. Chron's disease is associated with each one of the following findings EXCEPT?

- a) Non caseating granulomas
- b) Rose thorn ulcers
- c) Cobble stone pattern
- d) Inflammation confined to mucosa and sub mucosa
- e) Fistulas

14. A patient with a long history of heartburn is proven to have Barrett's oesophagus on biopsy (histology report states non dysplastic columnar lined oesophagus)

What is THE MOST SUITABLE management?

- a) Reassure and discharge
- b) Fundoplication
- c) Laser ablation
- d) Oesophagectomy
- e) High dose proton pump inhibitors

15. A 46 year old man is being investigated for indigestion. Jejunal biopsy shows deposition of macrophages containing PAS positive granules. What is THE MOST LIKELY diagnosis?

- a) Bacterial overgrowth
- b) Coeliac disease
- c) Tropical sprue
- d) Whipple's disease
- e) Small bowel lymphoma

III. Answer the following questions:

(25 marks)

- **1- Discuss:** Diagnosis of acute hepatitis C. **(5 marks)**
- **2- Write short notes on** Sofosbuvir. **(5 marks)**
- **3- Write a short essay on the** Management of pruritis in chronic liver disease **(5 marks)**
- **4-Mention** how to treat constipation. **(5 marks)**
- **5-Enumerate** the different options for treating haemorrhoids **(5 marks)**